

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **COLLIS, et al.**

Examiner: Morris, Patricia L.

Application No.: **09/871,564**

Art Unit: 1625

Filed: **May 31, 2001**

Title: **HETEROARYL-CYCLIC ACETALS**

Combined Request for Reconsideration of Patent Term Adjustment Indicated
in the Notice of Allowance (37 C.F.R. § 1.705) and Statement of the Correct
Patent Term Adjustment: Basis(es) Under § 1.702 for the Adjustment (37
C.F.R. § 1.705(b)(2)(i) and (ii))

Mail Stop Issue Fee
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Applicants request reconsideration of the patent term adjustment indicated in the Notice of Allowance mailed on August 13, 2008.

Applicants submit herewith a "Statement of the Correct Patent Term Adjustment: Basis Under §1.702 For the Adjustment.

Any patent granted on this application is not subject to a terminal disclaimer.

The patent term adjustment shown on the Notice of Allowance is 486 days. It is respectfully suggested that the correct patent term adjustment under §1.702 is 612 days.

Statement of the Correct Patent Term Adjustment

This statement is being submitted in support of the "Request for Reconsideration of Patent Term Adjustment Indicated in the Notice of Allowance" to which this statement is made part.

The basis on which applicant seeks adjustment is as follows:


1. According to PAIR applicants failed to timely respond to the April 28, 2005 Restriction Requirement. According to PAIR applicants responded to the April 28, 2005 Restriction Requirement on December 1, 2005. Applicants contend that they responded to the April 28, 2005 Restriction Requirement on August 26, 2005.
2. On August 26, 2005 applicants submitted via facsimile, a transmittal cover sheet, a 3 month extension of time and a 1 page reply to the April 28, 2005 Restriction Requirement (Exhibit A).
3. On August 26, 2005 applicants received an Auto-Reply Facsimile Transmission confirming receipt by the USPTO on August 26, 2005 at 11:33:30 AM (Exhibit B).
4. On December 1, 2005 Examiner Morris of the USPTO phoned Paul Darkes, attorney of record at the time of filing, to inquire as to whether we had responded to the April 28, 2005 Restriction Requirement.. Because Mr. Darkes was no longer responsible for the prosecution of this application, he informed Robin Inman of our docketing group. Ms. Inman returned Examiner Morris' phone call and informed her that a response had been faxed to the USPTO on August 26, 2005 and that we had received an Auto-Reply Facsimile Transmission confirming receipt of our response on August 26, 2005 at 11:33:30 AM.
5. On December 1, 2005, James Bolcsak, the attorney of record at that time, prepared a written reply to Examiner Morris' December 1, 2005 phone call (Exhibit C).
6. The December 1, 2005 Communication in response to Examiner Morris' phone call was entered into PAIR as the date of our reply to the April 28, 2005 Restriction Requirement. The August 26, 2005 reply was never properly entered into PAIR.
7. As a result of the above, applicants respectfully disagree with the USPTO's determination of 126 days of delay on applicants' part for failure to timely respond to the April 28, 2005 Restriction Requirement. Applicant's contend that they timely responded to the April 28, 2005 Restriction Requirement on August 26, 2005 at 11:33:30 AM.
8. Applicants agree with the USPTO's determination of 1002 days of delay on the part of the USPTO.
9. Applicants further agree with the 390 remaining days of delay on Applicants' part.

Applicants therefore conclude that they are entitled to an Adjustment of Patent Term under 35 USC 154(b) of 612 days.

The Commissioner is authorized to charge the \$200.00 fee set forth in §1.18(e) required by 37 C.F.R. §1.705(b)(1) to Deposit Account No. 18-1982. The Commissioner is also authorized to charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 18-1982.

Respectfully submitted,

October 24, 2008


Raymond S. Parker, Reg. No. 34,893
Attorney/Agent for Applicant

sanofi-aventis U.S. LLC
Patent Department
Route #202-206 / P.O. Box 6800
Bridgewater, New Jersey 08807-0800
Telephone: 908-231-5674
Telefax: 908-231-2626

Docket No. USCA2295 US CNT

EXHIBIT A

FAX HEADER 1: AVENTIS US PAT DEPT
FAX HEADER 2:TRANSMITTED/STORED : AUG. 26. 2005-11:42AM
FILE MODE OPTIONSTATUS Check - 11/26/05
ADDRESS

RESULT PAGE

7822 MEMORY TX

USPTO

OK

3/3

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

ATTY

Jen 8/26/05
J. Bolcsak

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number	09/871,564
Filing Date	May 31, 2001
First Named Inventor	COLLIS
Art Unit	1625
Examiner Name	MORRIS, Patricia L.
Attorney Docket Number	USCA2295 US CNT

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature	<i>James W. Bolcsak</i>		
Printed name	James W. BOLCSAK		
Date	August 26, 2005	Reg. No.	38912

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: (USPTO FAX NO. 571-273-8300; Total No. of Pages Transmitted: 3)

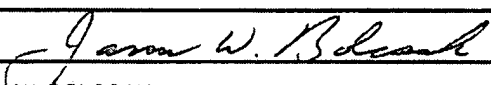
Signature	<i>James W. Bolcsak</i>		
Typed or printed name	James W. Bolcsak	Date	August 26, 2005

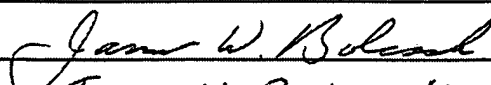
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/871,564	
	Filing Date	May 31, 2001	
	First Named Inventor	COLLIS	
	Art Unit	1625	
	Examiner Name	MORRIS, Patricia L.	
Total Number of Pages in This Submission	3	Attorney Docket Number	USCA2295 US CNT

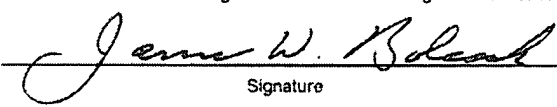
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<div style="border: 1px solid black; padding: 5px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	James W. BOLCSAK		
Date	August 26, 2005	Reg. No.	39912

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Signature			
Typed or printed name	James W. Bolcsak	Date	August 26, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) USCA2295 US CNT	
Application Number 09/871,564		Filed May 31, 2001	
For Chemical Compounds <i>Heteroaryl-Cyclic Acetals</i>			
Art Unit 1625		Examiner MORRIS, Patricia L.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1,020.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1982</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39912</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 Signature		<u>August 26, 2005</u> Date	
<u>James W. BOLCSAK</u> Typed or printed name		<u>908-231-5922</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
COLLIS et al.

Examiner: Morris, Patricia

Application No.: 09/871,564

Art Unit: 1625

Filed: 05/31/2001

Title: **Heteroaryl-Cyclic Acetals**

TELEFAX CERTIFICATE

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, Alexandria, VA 22313, at 571-273-8300 on

August 26, 2005

Date of Transmission

Signature

James W. Bolcsak

RESPONSE TO RESTRICTION/ELECTION REQUIREMENT

Mail Stop TC1600
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

In response to the Restriction/Election requirement imposed by the Examiner in the above-referenced application (Office Communication mailed April 28, 2005), Applicants hereby elect Group I for further prosecution.

Group I includes, as determined by the Examiner, the subject matter of claims 1-15, drawn to compounds, classified in classes 540, 544, 546, 548 and 549, in various subclasses. Furthermore, Applicants elect for examination purposes the specie of Example 1 as requested by the Examiner. This compound is 4-[5-(5,5-dimethyl-[1,3]dioxan-2-yl)-2-(4-fluoro-phenyl)-2H-pyrazol-3-yl]-pyridine.

Upon allowance of the above-elected subject matter, the claims will be amended to reflect such election. Applicants reserve the right to pursue the remaining non-elected subject matter in one or more timely filed divisional applications.

Respectfully submitted,

James W. Bolcsak
James W. Bolcsak, Reg. No.: 39,912
Attorney/Agent for Applicant

Aventis Pharmaceuticals Inc.
Patent Department
Route #202-206 / P.O. Box 6800
Bridgewater, NJ 08807-0800
Telephone (908) 231-5922
Telefax (908) 231-2626

Aventis Docket No. CA2295 USCNT

EXHIBIT B



Auto-Reply Facsimile Transmission

TO: Fax Sender at 908 231 2626

Fax Information
Date Received: 8/26/2005 11:33:30 AM [Eastern Daylight Time]
Total Pages: 3 (including cover page)



ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page

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ALC 26 2626 11:42AM 8/26/05 US PAT DEF NO 1822 P. 1
TO: US CENTRALIZED USPTO

TRANSMITTAL FORM	Application Number	09871584
	Filing Date	May 31, 2001
	First Inventor	COLLIS
	Art Unit	1825
	Examiner Name	MORRIS, Patricia L.
Total Number of Pages in this Transmittal		3
Attorney/Agent Number		USCA2295 US CNT

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> ADDITIONAL Correspondence to TC
<input type="checkbox"/> Fee Affidavit	<input type="checkbox"/> Unpublished Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interventions
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Supplemental, Direct Reply, etc.)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Preliminary Information
<input type="checkbox"/> Affidavit/Declaration(s)	<input type="checkbox"/> Power of Attorney, Devolution	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) please identify below:
<input type="checkbox"/> Caravan/Assignment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD Number of CD(s)	
<input type="checkbox"/> Reply to Missing Part(s) under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Landscape Table on CD	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Name	AVENTIS PHARMACEUTICALS INC.	
Signature	<i>James W. Bolcsak</i>	
Printed name	James W. BOLCSAK	
Date	August 26, 2005	Reg. No. 20312

CERTIFICATE OF TRANSMISSION/MAILING	
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Signature	<i>James W. Bolcsak</i>
Typed or printed name	James W. Bolcsak
Date	August 26, 2005

The submission of information is required by 37 CFR 1.6. The information is required in order to obtain a benefit by the public which is on the part of the USPTO in processing an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.16. This collection is estimated to 2 hours to complete, including preparing, reviewing, and submitting the completed application form to the USPTO. There will vary depending upon the volume of work. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1458, Alexandria, VA 22313-1458, GO 107 SEND FREE OR COMPLETED FORMS TO THE ABOVE ADDRESS TO: Commissioner for Patents, P.O. Box 1458, Alexandria, VA 22313-1458.

COMPUTER ENTERED
8/29/05

EXHIBIT C

FILE -

TRANSMITTED STORED : DEC. 1. 2005 2:50PM
FILED IN THE OPTION

ACTION DUE <u>Status check</u>	
ADDRESS <u>12-8-05</u>	USPTO <u>12-10-05</u>
ATTY <u>JWB</u>	

AVENTIS US PAT DEPT

RESULT PAGE
OK 7/7

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
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TRANSMITTAL FORM

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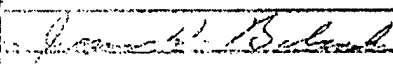
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Application Number	09/871,564
Filing Date	May 31, 2001
First Named Inventor	COLLIS
Art Unit	1625
Examiner Name	MORRIS, Patricia L.
Attorney Docket Number	USCA2295 US CNT

ENCLOSURES (Check all that apply)

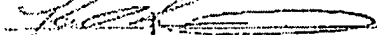
<input type="checkbox"/> Final Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> After-final/Rehearing(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Request for Reexamination Request <input type="checkbox"/> Declaration of Inventorship Statement <input type="checkbox"/> Stated Copy of Priority Document(s) <input type="checkbox"/> Copy to Missing Parts <input type="checkbox"/> Late Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;"> 1. Communication 2. Copy of 8-26-05 response and EOT 3. Copy Of Auto-Reply to Item 2 </div>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name	AVENTIS PHARMACEUTICALS INC.
Signature	
Printed Name	James W. BOLCSAK
Date	December 01, 2005
Reg. No.	39912

CERTIFICATE OF TRANSMISSION/MAILING

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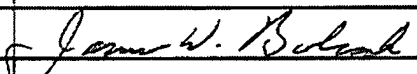
Signature	
Printed Name	Paul Irvine
Date	December 01, 2005


A collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application for a patent. This collection is estimated to take 2 hours to complete, including the time to prepare, review, and submit the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the collection of information should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE. Send them to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	Art Unit	1625
	Examiner Name	MORRIS, Patricia L.
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	7	Attorney Docket Number USCA2295 US CNT

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 1. Communication 2. Copy of 8-28-05 response and EOT 3. Copy Of Auto-Reply to Item 2 </div>
<div style="border: 1px solid black; padding: 5px;"> Remarks _____ </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	James W. BOLCSAK		
Date	December 01, 2005	Reg. No.	39912

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: (USPTO FAX NO. 571-273-8300 ; Total No. of Pages Transmitted: 7)			
Signature			
Typed or printed name	Paul Irvine	Date	December 01, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
Collis, et al.

Examiner: MORRIS, Patricia L.

Application No.: 09/871,564

Art Unit: 1625

Filed: May 31, 2001

Title: HETEROARYL-CYCLIC ACETALS

TELEFAX CERTIFICATE

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, Alexandria, VA 22313, on

December 1, 2005

Date of Transmission

Signature

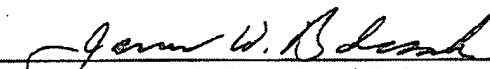
COMMUNICATION

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

This Communication is in response to a phone call received today from Examiner Morris to Paul Darkes. Examiner Morris's call was to inquire as to whether we had responded to the April 28, 2005 Restriction Requirement. Because Mr. Darkes was no longer responsible for the prosecution of this application, he informed Robin Inman, Sr. Paralegal, US Docketing Formalities. Ms. Inman returned Examiner Morris's call and informed her that a response had been faxed to the USPTO on August 26, 2005 and that we had received the Auto-Reply Facsimile Transmission confirming receipt of the response on August 26, 2005. Examiner Morris requested that we resubmit a copy of the August 26, 2005 response. Applicants respectfully resubmit a copy of their August 26, 2005 response to the April 28, 2005 Restriction Requirement which included a 3 month extension of time.

Applicants believe that no additional changes should be incurred; however, the Commissioner is hereby authorized to charge any additional fees which may be required by this paper, or credit any overpayment to Account No. 18-1982.

Respectfully submitted,


James W. Bolcsak, Reg. No. 39,912
Attorney/Agent for Applicant

Aventis Pharmaceuticals Inc.
(a member of the sanofi-aventis group)
U.S. Patent Operations
Route #202-206 / P.O. Box 6800
Bridgewater, New Jersey 08807-0800
Telephone (908) 231-5922
Telefax (908) 231-2626

Aventis Docket No. USCA2295 US NP



Auto-Reply Facsimile Transmission

TO: Fax Sender at 908 231 2626

Fax Information

Date Received:

Total Pages:

8/26/2005 11:33:30 AM [Eastern Daylight Time]

3 (including cover page)



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Received
Cover
Page

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AUG 26 2005 11:42AM AVENIS JS PAT DEF		AC 7922 P. 1
TO: US CENTRALIZED USPTO		
Under the Patent Protection Act of 1980, the United States Patent and Trademark Office is authorized to receive and process applications for patents and trademarks.		
Approved for use through 07/31/2005, DATE REVISED: 07/31/2005 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE		
TRANSMITTAL FORM		
Application Number		09/671,504
Filing Date		May 31, 2001
First Inventor		COLLIS
Attorney		1825
Examiner Name		MOHRIS, Patricia L.
Attorney Contact Number		USCA2295 US CN1
Total Number of Pages in This Submission		3
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> App. Allowance or Limitation to TC
<input type="checkbox"/> Fee Affidavit	<input type="checkbox"/> Unpublished Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appellate Review, Direct Reply, Direct)
<input type="checkbox"/> Alter First	<input type="checkbox"/> Petition to Cancel to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavit/Declaration(s)	<input type="checkbox"/> Power of Attorney, Devolution	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Information(s) (Please Identify Below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimers	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Rehearing	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.52		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Full Name	AVENIS PHARMACEUTICALS INC.	
Signature	<i>James W. Bolcsak</i>	
Printed Name	JAMES W. BOLCSAK	
Date	August 26, 2005	Reg. No. 35912
CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this communication is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage to this address in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. (USPTO FAX 1-800-751-2722) Total No. of Pages Transmitted: 3		
Signature	<i>James W. Bolcsak</i>	
Typed or printed name	James W. Bolcsak	Date August 26, 2005
The submission of information is required by 37 CFR 1.5. The information is required to which is to be used by the USPTO to process an application. Confidentiality is provided by 37 CFR 1.52 and 37 CFR 1.11 and 1.11. This submission is addressed to 3 hours to complete, including preparing, reviewing, and submitting the material application, then to the USPTO. There will be no processing upon the individual case. Any correspondence on the receipt of this you request to consider the first under suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FAX OR DOWN FROM FROM TO THE ALEXANDRIA, VA 22313-1450. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		

COMPUTER ENTERED
8/29/05

FAX HEADER 1: AVENTIS US PAT DEPT
FAX HEADER 2:TRANSMITTED/STORED :
FILE MODEAUG. 26. 2005-11:42AM
OPTIONSTATUS Check-11/26/05
ADDRESS

RESULT PAGE

7822 MEMORY TX

USPTO

OK

3/3

REASON FOR ERROR
E-1) HAND UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

ATTY

Jen 8/26/05

J. Bolcsak

PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/871,564
	Filing Date	May 31, 2001
	First Named Inventor	COLLIS
	Art Unit	1625
	Examiner Name	MORRIS, Patricia L.
	Attorney Docket Number	USCA2295 US CNT
Total Number of Pages in This Submission	3	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	AVENTIS PHARMACEUTICALS INC.	
Signature	<i>James W. Bolcsak</i>	
Printed name	James W. BOLCSAK	
Date	August 26, 2005	Reg. No. 39912

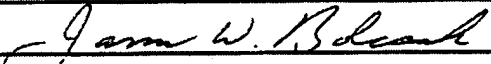
CERTIFICATE OF TRANSMISSION/MAILING		
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Signature	<i>James W. Bolcsak</i>	
Typed or printed name	James W. Bolcsak	Date August 26, 2005

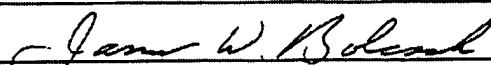
This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM	Application Number	09/871,564
	Filing Date	May 31, 2001
	First Named Inventor	COLLIS
	Art Unit	1625
	Examiner Name	MORRIS, Patricia L.
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	3	Attorney Docket Number USCA2295 US CNT

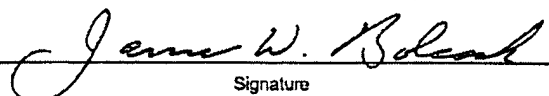
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	James W. BOLCSAK		
Date	August 26, 2005	Reg. No.	39912

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	James W. Bolcsak	Date	August 26, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <div style="text-align: center;">USCA2295 US CNT</div>																									
Application Number 09/871,564		Filed May 31, 2001																									
For Chemical Compounds <i>Heteroaryl-Cyclic Acetals</i>																											
Art Unit 1625		Examiner MORRIS, Patricia L.																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ <u>1,020.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1982</u>. I have enclosed a duplicate copy of this sheet.</p> <p><small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39912</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">  <div style="text-align: center;">Signature</div> </div> <div style="width: 35%;"> <u>August 26, 2005</u> <div style="text-align: center;">Date</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <u>James W. BOLCSAK</u> <div style="text-align: center;">Typed or printed name</div> </div> <div style="width: 35%;"> <u>908-231-5922</u> <div style="text-align: center;">Telephone Number</div> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1,020.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
	<u>Fee</u>	<u>Small Entity Fee</u>																									
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____																								
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____																								
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____																								

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
COLLIS et al.

Examiner: Morris, Patricia

Art Unit: 1625

Application No.: 09/871,564

Filed: 05/31/2001

Title: Heteroaryl-Cyclic Acetals

TELEFAX CERTIFICATE

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, Alexandria, VA 22313, at 571-273-8300 on

August 26, 2005

Date of Transmission

Signature

James W. Bolcsak

RESPONSE TO RESTRICTION/ELECTION REQUIREMENT

Mail Stop TC1600
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

In response to the Restriction/Election requirement imposed by the Examiner in the above-referenced application (Office Communication mailed April 28, 2005), Applicants hereby elect Group I for further prosecution.

Group I includes, as determined by the Examiner, the subject matter of claims 1-15, drawn to compounds, classified in classes 540, 544, 546, 548 and 549, in various subclasses. Furthermore, Applicants elect for examination purposes the specie of Example 1 as requested by the Examiner. This compound is 4-[5-(5,5-dimethyl-[1,3]dioxan-2-yl)-2-(4-fluoro-phenyl)-2H-pyrazol-3-yl]-pyridine.

Upon allowance of the above-elected subject matter, the claims will be amended to reflect such election. Applicants reserve the right to pursue the remaining non-elected subject matter in one or more timely filed divisional applications.

Respectfully submitted,

James W. Bolcsak
James W. Bolcsak, Reg. No.: 39,912
Attorney/Agent for Applicant

Aventis Pharmaceuticals Inc.
Patent Department
Route #202-206 / P.O. Box 6800
Bridgewater, NJ 08807-0800
Telephone (908) 231-5922
Telefax (908) 231-2626

Aventis Docket No. CA2295 USCNT